

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

| | | | | | |
|---|--|---|--|--|--|
| NAME OF COMMITTEE (In Full) CLUB FOR GROWTH ACTION | | | FEC IDENTIFICATION NUMBER ▼ C C00487470 | | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> | | |
| Full Name of Payee Baton Rouge Printing | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 19 / 2014 | | |
| Mailing Address 1130 Commercial Drive | | | Amount 8627.77 | | |
| City State Zip Code Port Allen LA 70767 | | Transaction ID : SE.46667 Date of Disbursement or Obligation MM / DD / YYYY 06 / 19 / 2014 | | | |
| Purpose of Expenditure mail production costs, postage | | Category/Type | | | |
| Name of Federal Candidate CHRIS MCDANIEL | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | |
| Office Sought: District: 00 State: MS | | | | | |
| Calendar Year-To-Date Per Election for Office Sought | | | 652914.12 | | |
| Disbursement For: 2014 | | | <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Club for Growth | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 19 / 2014 | | |
| Mailing Address 2001 L St., NW, Ste. 600 | | | Amount 160.49 | | |
| City State Zip Code Washington DC 20036 | | Transaction ID : SE.46669 Date of Disbursement or Obligation MM / DD / YYYY 06 / 19 / 2014 | | | |
| Purpose of Expenditure mail production costs (from advance line 21) | | Category/Type | | | |
| Name of Federal Candidate CHRIS MCDANIEL | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | |
| Office Sought: District: 00 State: MS | | | | | |
| Calendar Year-To-Date Per Election for Office Sought | | | 653074.61 | | |
| Disbursement For: 2014 | | | <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 8788.26 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Chris Chocola</i> | | | Date MM / DD / YYYY 06 / 20 / 2014 | | |

[Electronically Filed]

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| NAME OF COMMITTEE (In Full) CLUB FOR GROWTH ACTION | | FEC IDENTIFICATION NUMBER ▼ C C00487470 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------------|---|---|
| Full Name of Payee Jamestown Associates | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 19 / 2014 | |
| Mailing Address 5 Maple Road Ste. 300 | | Amount 7600.00 | |
| City Princeton | State NJ | Zip Code 08540 | Transaction ID : SE.46666 |
| Purpose of Expenditure mail production costs | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 06 / 19 / 2014 | |
| Name of Federal Candidate CHRIS MCDANIEL | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| | | 644286.35 | |

| | | | |
|---|-------------------|---|--|
| Full Name of Payee | | Date of Public Distribution/Dissemination MM / DD / YYYY | |
| Mailing Address | | Amount | |
| City | State | Zip Code | Date of Disbursement or Obligation MM / DD / YYYY |
| Purpose of Expenditure | Category/ Type | | |
| Name of Federal Candidate | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | |
| | | | |

| | |
|---|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 7600.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | 16388.26 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Chris Chocola

[Electronically Filed]

Date

MM / DD / YYYY
06 / 20 / 2014

Signature